Di Doch	0.	1510	24
Landidate's	Nam	o (nrii	nt)

Contributions in Excess of \$100 or, When Added Together Exceed of \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK / IF LOAN	CHECK / IF IN KIND
		-		
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PAGE ____ OF ____

PAUL	D.	Brown
Candidate's N	ame ((print)

Office

District (if applicable)

Contributions of \$100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
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DAVID BROWN

Candidate's Name (print)

Office

District (if applicable)

Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	А	0
Expenses related to volunteers	В	0
Expenses related to travel	С	· 6
Expenses related to advertising	D	Ô
Expenses related to paid staff	E	0
Expenses related to consultants	F	0
Expenses related to polling	G	0
Expenses related to special events	Н	6
Goods and services provided in kind for which money would otherwise have been paid	I	0
Other miscellaneous expenses	J	Ò

PAGE OF C

DAN 12 BROWN	ASSEMBCY	14
Candidate's Name (print)	Office	District (if applicable)

Expenses in Excess of \$100

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NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO	CATEGORY	DATE(S) OF EACH	AMOUNT(S) OF EACH EXPENSE
NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)			
		/	/
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BAND Blown	ASSEMBLY	
Candidate's Name (print)	 Office	District (if applicable)

Expenses of \$100 or Less

DATE OF EACH	AMOUNT OF EACH EXPENSE	CATEGORY
EXPENSE	EXPENSE	CATEGORY
MAY GMOO	100.	FILING
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